



TEEN SOLUTIONS
Enrollment/Interest Form

Teen's Name: _____ Name Teen Likes to Be Called: _____

Birthday (MM/DD/YYYY): _____ Age: _____

Address: _____

Email: _____ Instagram Handle: _____

Cell Phone: _____ Home Phone: _____

Which phone number is okay to call? Cell Home Other: _____

What is the best way to reach teen? Cell Email Instagram

Who is signing up teen for Teen Solutions? Teen is self-enrolling. Parent/Guardian is signing up teen.
please sign form below *please sign form below*

Parent/Guardian Name(s): _____

Parent/Guardian Contact Information Phone: _____ Email: _____

What school does teen attend? _____

What time is teen dismissed from school most days? _____

Does teen have transportation to get to and from the program? _____

If not what is the plan to have transportation to get to and from the program?

Is teen committed to attending all 6 weeks of the program? Yes No, because _____

Does teen have friends also signing up for the program? Yes No If yes, who? _____

What topic are you most interested in discussing or learning more about?

Organizing and planning Communication Problem solving Health and Safety

Self-Management Job Skills Life Skills Other: _____

How did you hear about the program? _____

Does teen have any medical issues we should know about? If so, please list them here: _____

Does teen take any medication on daily basis? _____

Does teen have any food allergies? _____

Please sign below that you understand that Teen Solutions is a program which offers information and assistance on a variety of topics. Also, while you are present at the facility you are committed to participate and will not violate rules of the program.

Teen's or Parent's Signature: _____ Date: _____